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Clinical Lecture.

OOPHORECTOMY FOR PAINFUL MENORRHAGIA: UTERINE FIBROIDS.

BY WILLIAM GOODELL, M. D.,

PROFESSOR OF GYNECOLOGY IN THE UNIVERSITY OF PENNSYLVANIA.

The first patient I bring before you is a woman upon whom I considered myself driven to operate by a multiplicity of circumstances. She had been under observation many months, and during this time had lost flesh. She was suffering from menorrhagia, and, at the same time, from great pain in both ovaries. Moreover, her temperature rises in the afternoon to 99.5° F., and this points without any accessible explanation to the collection of pus somewhere. To account for these conditions her history affords these data: Firstly, when she was young, she had scarlet fever. This sometimes affects the ovaries; but it was not thought that it did in her case, both from her extreme youth and because she had since married at the age of seventeen, and had borne five children at term and in natural labor. This shows that at least one ovary must be healthy. The second explanation is a small tear in the cervix (which examination reveals). This was successfully operated upon by Dr. Wm. Constantine Goodell, who also curetted her at the same time. The menorrhagia was decidedly improved after the operation; but the pains in the ovaries still continued. The next explanation that was thought of was a small fibroid tumor in the uterine wall; but this hardly explains the severe and constant pain from which she suffers. The two troubles then for which she now seeks relief are menorrhagia and pain in the ovaries. She has exhibited from the first great pluck in being not only willing, but desirous to have any

operation, even oöphorectomy performed, if it holds out to her any hopes of relief. The removal of the ovaries, of course, accomplishes the former object directly, and the latter indirectly by lessening the flow of blood to the uterus. The dangers and objections of the operation were explained to her, and the fact that in four years her menstruation would cease was also laid before her. She said she was poor and must work, and this is a factor that must always be borne in mind in considering whether to operate or not. While the woman is being put under the influence of chloroform by the use of the Bellows injection, by means of which from one to one and a half minims of the anæsthetic is taken in at each inspiration, let me remark to the class that the last thirty-five cases upon which I have performed this operation have been successful. The patient being now thoroughly under the anæsthetic, the operation is begun. An incision is first made down through the skin, superficial fascia, fat, conjoined tendon, and præperitoneal fat. Then all bleeding having been stopped, the peritoneum is divided. The womb has on it only the small fibroid. The right ovary is bound down by adhesions, but otherwise looks well; yet, with the history of the case and the fact that she is poor, we feel justified in removing it. If she were rich and could afford to wait, and resort to massage, blistering and medicines, it would be advised to tide her over this period of four years, until her menopause is established. This ovary being removed, the pedicle button is examined, in order to be certain that it is sufficiently large. The left ovary is now examined and found not so large nor so bound down. The tube is followed out in order to find it.

My friend Dr. Johnson, of Danville, Ky., has found a plexus of nerves at the root of the tube close to the womb, which, he believes, presides over menstruation. And he is inclined to think that it is owing to the neglect of the operator to remove this plexus that menstruation is sometimes kept up after the extirpation of the tubes and ovaries. While I cannot accept this opinion in all its fullness, yet I deem it advisable to cut the tube as close to the womb as possible, so as to get rid of the appendages in their totality. A fresh sponge is now introduced and the stitches put in, embracing so much tissue as to get the edges of the tendon in apposition. With these precautions a ventral hernia is less likely to occur. In my experience hernia is more liable to occur in fat women, and in them it may be well to sew the edges of the peritoneum and of the tendon each with a buried suture of catgut, in addition to the ordinary deep silk sutures. A drainage-tube weakens the cicatrix, and it is, therefore, also a cause of hernia. Pain from a uterine fibroid is not generally great, though great suffering does sometimes come from pressure upon nerves. It is not often that I have to remove the ovaries for this symptom of a fibroid. Usually it is the hemorrhage that calls for the operation.

The usual dressing is now applied. First over the wound, which is now tightly closed, is sprinkled some iodoform. Next comes the iodoform gauze, then the carbolic acid gauze. Over this is placed the baked cotton, which is secured in position by the flannel bandage passed around the body. Only the right ovary was enlarged or had any adhesions, and no blood was lost, consequently there will no oozing. For these lesions no drainage-tube is introduced.

The after-treatment will be the same as usual. For twenty-four hours she is to have nothing by the mouth, because this would favor vomiting and peristalsis. If there be danger of collapse, she is to have hypodermics of medicines and nutrient enemata, and possibly whiskey by the mouth. No opium is given, because it arrests secretion and favors flatus.

The next case brought before you is that of this woman, who has been in the Hospital for chronic malarial poisoning. She is under the care of Dr. Osler, who has asked me to examine her, to find out precisely the condition of the uterus. Her principal symptom is that she has much bleeding at the time of her menstruation, from which cause she is very anemic. She is white, forty-three years old, a poor, hardworking woman, and she has had four children, the last one born eighteen years ago, so that she is, at present, practically sterile. Her menstruation comes at the first of the month, she loses a great deal and sometimes has to bear down in order to expel the clots. While at this point, I would mention that fibroid tumors are most common in women who have never borne children or who have ceased to conceive, after giving birth to one or two children. Consequently they are found most often in old maids and in women who are using preventive measures. They

are seldom seen in white women under the age of thirty-five, though we have seen one in a woman as young as twenty-six. The colored race is peculiarly liable to have them and black girls, yet in their teens, may suffer from them. These tumors occur in three positions of the uterine wall, and are classified accordingly from the uterine layer that they occupy. They are—from within outward—submucous, interstitial and subperitoneal. The different kinds shade more or less into one another. Thus, it is rare to find an interstitial tumor that does not encroach more or less upon the sub-peritoneal or mucous membrane. Accordingly as the former or latter is the case, it will be found more or less predominantly characterized respectively by the symptom of pain or bleeding. Any growth, appearing after the menopause, is most liable to be malignant. This woman shows also an instance of the most perfect development of the *lineæ albicantes* that I have ever seen. They are usually caused by pregnancy, and are so caused in this case; because the tumor is not large enough to distend the abdominal wall. In addition to the two symptoms of the comparative absence of uterine pain, and the presence of severe bleeding, it is found on measuring her uterus, that it has a depth of six inches and is bent at right angles to the cervix. It is concluded from these three facts that this is a submucous fibroid tumor. The treatment will consist in dilating the os thoroughly with sponge or laminaria tents. Then when the cervix is sufficiently dilated, three or four fingers are introduced, and the tumor then enucleated, if possible, from its bed. If the enclosing capsule is too hard, it is incised with an Adams's subcutaneous saw, and the tumor then drawn out by means of a volsella forceps. If this could not be done, the question of supra-vaginal hysterectomy would come up.

—The site for the zoological garden in Washington has been selected. It comprises about one hundred and fifty acres to the northwest of the city, about two miles from the White House, along the banks of Rock Creek, and is said to be in every way well adapted for its purpose. Before next winter the necessary arrangements will probably be so far advanced that the animals now housed in the grounds of the Smithsonian Institution can be removed to their new quarters.

COMMUNICATIONS.

A PLEA FOR CREMATION.

BY D. M. SKINNER, M. D.,
NEWARK, N, J.

Ever since the death of the first man, the question: How should the bodies of the dead be disposed of? has been one of increasing importance, and I think none will dispute the fact, that to-day it is one of the most important subjects we have to deal with. The methods in use among the different nations and tribes of men, have been so varied as to excite our curiosity. It would be difficult in many instances to find suitable reasons for their adoption. The mortuary fancies of some people have been exceedingly strange. The Sindians buried with each of their dead warriors as many fishes as he had slain enemies. The Parsees expose their dead to be devoured by birds or beasts of prey, from a superstitious fear of polluting by their contact the three sacred elements, water, earth, and fire. Some savages hang them in baskets upon trees. The Orinocos suspend them in a running stream till the fishes have picked the flesh from their bones, the skeletons being then interred. The natives of Lower Murray in Australia convert the skulls of their deceased friends into drinking cups. The ancient Balerians chopped up their dead and potted them; the Calatians ate them; the Bactrians gave them to dogs kept for the purpose, which is said to be the acme of mortuary piety at the present day among the Thibetans, who maintain a sacred race of puppies for the purpose. The Pontines dried the heads of their relatives; the Coans pulverized their ashes in a mortar and scattered them in the sea. The ancient Greeks burned their dead; the Egyptians embalmed them; the Peruvians dried them in the air; and the Jews buried them in the earth or in sepulchres. Quaint old Sir Thomas Browne, an eminent physician of the 18th century, in his "Hydriotaphia, or urn burial," wherein he discourses concerning a large number of urns containing charred human remains, discovered in excavating a portion of English soil, thus philosophizes: "Now all customs were founded upon some bottom of reason, so these wanted not grounds for this: according to several apprehensions of the most rational dissolution. Some being of the opinion of Thales, that water was the origi-

nal of all things, thought it most equal to submit unto the principle of putrefaction and conclude in a moist relentment; others conceived it most natural to end in fire, as due unto the master principle in the composition according to the doctrine of Heraclitus, and therefore heaped up large piles, the more actively to waft them toward that element whereby they also declined a visible degeneration into worms, and a lasting parcell of their decomposition." Darius Hystaspes, of whom Herodotus relates many anecdotes, showing him to be of a philosophical turn of mind, once asked certain Greeks how large a sum would induce them to eat the bodies of their parents. When the Greeks declared themselves incorruptible the monarch called in some Calatian Indians and inquired of them on what terms they would submit the bodies of their parents to the Hellenic rite of cremation? The disgust of the Indians, Herodotus says, surpassed that of the Greeks; and with tears, they begged the King to inform them, why they had been thought so deficient in the veneration due to these hallowed remains, as to do anything with them but eat them.

The mortuary customs of all nations, civilized and uncivilized, have been chiefly founded upon religious sentiment or superstition. Prior to the Christian era, cremation prevailed throughout the civilized world, except among the Jews; and since that time, with the spread of Christianity, the system of burial which existed among the Jewish people has largely superseded that of cremation. An examination into the reasons for the practice of inhumation reveals the fact that in many instances it had its birth in a desire to give the Spirit of the dead satisfactory rest. If a body was not buried, its spirit would wander hither and thither demanding its due; and to ensure the safety of repose, the Chinese corpse is frequently re-interred. So closely are body and soul linked together in aboriginal thought, that a warrior's tomahawk, an Indian father's household goods, even meals, and—in at least one tribe—tooth picks, are buried with the body, for use in post-terrestrial life. Here is diversity certainly; but it is plain that, with all this variety, there has entered into none of these methods even a vague idea of the importance of sanitation in the disposal of the dead.

The precautions which the early Greeks and Romans instituted, show that they apprehended somewhat, the dangers of intramural interment. Plato laid down rules, forbidding burial in fields used for the cultivation of crops, and we learn from Roman history that in the early days, none but the Vestals were permitted interment within the City walls. The early Christians, no doubt influenced by the example of the Master, who was "dead and buried," but who also "rose from the dead," and who believed that they would in like manner rise, practiced earth burial from the first. By this time cremation had become customary in Rome; and it was perhaps the desire to distinguish between what was deemed a heathen and what was regarded as a Christian practice, that gave an additional force to the usage of the Church. The advancement of Science, especially the development of what is termed the germ theory of disease, coupled with the rapid growth of population, and the overcrowding of cemeteries in the heart of large cities, make the question of how shall we dispose of the dead in these days, an urgent and pressing one. It is a question for the living, and it is not a question of religious belief or sentiment, but preeminently one of sanitation and of protection to the living. After death, changes occur in the tissues of the human body which make a speedy removal of it a supreme necessity. If it be buried in the earth, the gases of decomposition permeate the soil and the surrounding air, spreading death and destruction. Diseases grow and propagate in the warmth and moisture of graveyards.

I shall make no apology for thrusting this subject upon your attention; for, using the words of Sir Thomas Browne in his introductory letter to "Hydriotaphia," before referred to: "To preserve the living and make the dead to live, to keep men out of their urns, and discourse of human fragments in them, is not impertinent unto our profession; whose study is life and death, who daily behold examples of mortality and of all men least need artificial mementos, or coffins by our bedside to remind us of our graves." The records of the past are full of lessons, showing the importance of adopting some other way of disposing of the dead than that of burial in the earth. The Plague of Modena, in 1828, was caused by the excavation of ground used 300 years previously for interment of bodies dead from that disease. The Plague in Egypt in 1823 was the result of the re-opening of a graveyard many years disused. Cholera in London,

in 1854, was greatly aggravated by cutting a viaduct through an old burial ground. A recent epidemic of scarlet fever in the vicinity of an English churchyard led to the discovery that the bodies of those who had died from a scarlatina outbreak some thirty years previously, were buried in these grounds. Dr. Domingo Freire, of Rio de Janeiro, has established the fact that cemeteries and graveyards serve largely as breeding grounds for the germ of yellow fever. Dr. Lyon Playfair of London writes: "I have examined various churchyards and burial grounds, for the purpose of ascertaining whether the layer of earth above the bodies is sufficient to absorb the putrid gases evolved. The slightest inspection shows that they are not thoroughly absorbed by the soil lying over the bodies. I know several churchyards where the most fetid odors are emitted from the sides of sewers passing in the vicinity, although they may be more than thirty feet away from them." Sir Henry Thompson says: "Thousands of human lives have been cut short by the poison of slowly decaying and oftentimes diseased animal matter. The graveyard pollution has probably found a victim in some social circle known to more than one who may chance to read this, and I need hardly add, that in times of pestilence its continuance has often been due mainly to the poisonous influence of the buried dead."

There is no necessity, it seems to me, to bring further proof that our present mode of burial beneath the soil is full of danger to the living. In this age of rapid development, while we boast of our achievements in the line of preventive medicine, when every town and hamlet has its Health Board, when an intelligent application of sanitary law enters into the construction of our homes, the character of our clothing, and the food we eat, shall we remain indifferent to the fact, that, under a false notion of honoring our dead, we permit their putrefying bodies to remain, a constant menance to the living? If then, the premise is correct, that inhumation is fraught with danger to the living, it becomes us as scientific men, upon whom a grave responsibility is resting, to raise our voices and vigorously set to work to procure its entire abolition.

In what way, then, shall we dispose of the dead with entire safety to the living, while we fail not in that respect and affection to which the remains of those who have been near and dear to us are entitled? I answer that cremation offers a complete solution to this question. Many other methods have been proposed by those who have been interested in the subject. Dr. John M. Peacock, of Brooklyn, in an exceedingly able and elaborate paper on this subject read before the Kings County Medical Society last April refers to the process of desiccation, which is just now being urged upon public attention by an incorporated company entitled The New Mansoleum Co., having its office in New York City. Desiccation as a means of preserving the bodies of the dead has long been in use among the Peruvians. The high altitude of many of the cities of Peru is exceedingly favorable for this purpose; and many instances are related of animals who have died by the wayside, and been found months afterwards in an entire condition, not corrupted, but completely dried. The modern process of desiccation is worthy of consideration and possesses many features which will recommend it to those whose prejudices against cremation are not easily overcome.

In this matter let us follow nature with the aid of all the light which Science affords. The naturally slow and disagreeable process of decomposition is infinitely slower and more repulsive than one we can substitute without offense to the living. Cremation was the practice of the civilized world in ancient times, except in Egypt, India and China. It is said that in Greece only suicides, unteethed children and persons struck by lightning were denied the right to be burned. Even the Jews used cremation in the valley of Tophet when a plague came, and the modern Jews of Berlin and the Spanish and Portuguese Jews at Mile-End Cemetery in England have been among the first to welcome the lately revived process of cremation.

In the consideration of this subject we have to encounter the prejudices of custom founded upon the long cherished superstition connecting the remains of our dead in some ill-defined way with the precious doctrines of our religion. I think there is little doubt that the influence of Christianity in continuing the practice of burial in the earth, is due largely to the belief in the resurrection of the body; and yet a moment's reflection will satisfy any one of the absurdity of the view that this doctrine, so dear to every Christian, has any bearing whatever upon the subject. The *Christian Intelligencer* of a recent date, in one of its

Editorials made use of these words: "The vitality of a superstition is something prodigious; faith in the truth is often shaken, but faith in a delusion seems altogether insuperable." So it would seem that Christian people have pertinaciously adhered to the idea that the body which we commit to the earth is to rise again, in the face of the well-known fact that it is decomposed and becomes food for worms, forgetting the real truth that the body which shall rise in the great day of Resurrection, will be a spiritual and not a natural body. The Bishop of Manchester, England, in March, 1875, took occasion to strongly admonish his hearers to dissociate the Resurrection from physical conditions. Probably no people have displayed greater veneration for the dead than the ancient Egyptians, who in order to preserve the bodies of deceased friends and relatives, subjected them to an expensive method of embalming. But, what has been the result? Few, if any, of those great monarchs, who were subjected to this process, now lie in the massive sarcophagi in which they were placed. Many of them have either disappeared entirely, or graced the walls of some museum or hall of science, and are preserved by alien hands, simply as objects of curiosity. Among those nations like our own who bury their dead beneath the soil, how often does the growth of cities and towns render the necessity for disturbing the remains of the buried dead imperative, as in the recent case of the old burying ground in this city—not to mention the uncertainty which always exists, lest some sacrilegious body-snatcher may have disposed already of the bodies of those whom we have carefully laid away with every display of affection and regard.

Let us bear in mind that in urging the adoption of cremation as a substitute for the present system of burial, it is not the cremation of ancient times, which, even among the enlightened and polished Greeks, was crude, expensive and in many ways offensive to sensitive persons. The modern revival of this subject began in 1869, when, at the International Medical Congress held at Florence, Italy, Professors Coletti and Castiglioni presented, in the name of Public Health and Civilization, a resolution, which was passed, recommending that every means be taken to obtain legally the incineration of the bodies of the dead, instead of their inhumation. At the Medical Congress held at Rome in 1871 a similar resolution was passed. Interest in the subject became widespread in Italy and extended to other countries. In 1873, Professor Maggiorani succeeded in inserting in the new sanitary code for the kingdom of Italy permission for families to adopt the process of cremation, having first obtained consent of the Superior Council of Health. In the meantime interest in the subject had extended over Germany, England and America, until there are now cremation societies in almost every civilized nation, actively urging the adoption of this method. Crematories have been erected in many parts of Europe and America, furnished with the most approved arrangements.

The Siemens regenerative furnace, introduced by Reclam of Leipsig, is the most effective and satisfactory to the bereaved. Before the friends assemble, the body is lowered into a space containing only air heated to a white heat, in which it burns odorless and the ash alone remains. Heated air only escapes; there is neither vapor nor smoke, the combustion being so perfect. The temperature in the furnace is about 3,000° centigrade. The following description of the process of cremation, written by one who had been opposed to the process, may not be uninteresting: "A furnace fire is built and kept burning for twenty or thirty hours before the cremation is to take place. Immediately above the fire is placed in a horizontal position a cylinder of clay, called the incinerator, three feet in diameter by seven feet long. This fire clay incinerator, the walls of which are from one to two inches thick, receives to itself the intense heat of the fire below, but does not admit the flames; the consequence is, that the body when placed in the incinerator is not in a proper sense of the word burned. It is reduced to ashes by the chemical application of intense heat. Gases are driven off, and being carried down into the fire from the incinerator, and led back and forth, twenty-five feet through its flames are utterly consumed. Even the smoke is consumed and nothing can be seen issuing from the chimney but the quiver of the heat. The process might be called, as we have said, the spiritualization of the body; the etherealization or sublimation of the material parts. When the incinerator has been raised to a white heat, it is ready for the reception of the remains. As the cover is removed from its mouth, the inrushing air cools it from a white to a red heat, and the

whole inner surface is filled with a beautiful rosy light, which is fascinating to the eye. It looks like the blush of dawn upon the sky, or like the exquisite tints which sometimes flicker along the Aurora Borealis.

"There is nothing repulsive about it and nothing, as has been said, to suggest the idea of fire, except the intense heat. The body being decently clad as for burial, and tenderly laid in the crib provided for the purpose, is wholly covered with a clean white sheet which has been dipped into a solution of alum. The effect of this is entirely to prevent smoke, or fumes, or flame, which would otherwise arise from putting anything inflammable into the midst of such a heat; but under its protection even the extraordinary heat of the incinerator does not produce upon the body the appearance of scorching or smoking, or anything of the sort.

"There is no such impression as that of burning made upon the eye. The sheet saturated with alum retains its original position over the crib, and conceals the entire form until nothing but the bones are left; and when the eye first rests upon the remains after they are left in the rosy light of the cylinder, it seems nothing but these bones gently crumbling away into dust under the mystic touch of an invisible agent whose only appearance to the eye is like the radiation of heat from the earth beneath the summer's sun.

"You have laid a white-robed form within the rosy cylinder, and have turned away to think with gratitude that all is well; you have let your imagination dwell lovingly upon the pleasing sentiment, that whatever may be left beside the calcined bones, most pure and clean, has gone to mingle with the upper air and dwell with sunshine, birds, and flowers. The darkness and dampness of the earth have been escaped, and so have the perils of grave-snatching, the indecencies of a possible dissecting-room, and the nameless horrors of putrefaction. You have pleasant memories to cherish, of the 'last sad hour,' which, instead of breathless darkness, and the 'narrow house,' and the dreadful thud of falling earth upon the coffin, presents to mind a lovely bed of rosy light and a peaceful form clad in virgin purity, resting within its soft embrace."

Religious services during the process of cremation may be held, with just as much impressiveness and just as much heartfelt fervor as in the case of earth burial. The believer, then, after providing for the safety of his soul, with a fixed faith in God's promises, and an earnest assurance of the final resurrection, in the knowledge that his dead body may harm no living one, and that this world belongs to the living and not the dead—the believer may commit his earthly part into the hands of those, who, instead of allowing it to become a loathsome breeding ground for worms, will change it into a semblance of the soul, which has perhaps already put on the white garment of immortality.

ANTISEPTICS IN NORMAL LABOR.

BY WM. F. MITCHELL, M. D.,
ADDISON, PA.

An interesting paper on the above subject, by Dr. G. W. H. Kemper, of Muncie, Ind., appeared in the REPORTER, June 22, 1889. In nine hundred cases of labor he has not employed antiseptics in a single instance. I have been in practice as long as he—twenty-four years—and, while I have not had as many cases—something over seven hundred to his nine hundred—my experience has been almost identical, so far as antiseptics are concerned, although I have never used forceps at all. I got myself into somewhat of a controversy a few years ago, through the columns of the REPORTER, because of a paper on the subject.

Unlike Dr. Kemper, I have never refused to attend an obstetrical case, no matter whether I had been treating erysipelas, scarlet fever, measles, diphtheria, or any disease common in this locality. A physician should always have "clean hands," and, as Dr. Kemper says: "I have never administered, nor caused to be administered, to any woman, any of the popular antiseptic remedies before or after parturition." As stated in my article some years ago, I have lost but one woman; and she was confined prematurely, and, under all the circumstances, could not have been expected to live. I have had all the usual variety of presentations: head, face (once), breech, footlings, etc. Last year, in a month or two I performed podalic version twice, the last time on an enormous hydrocephalic child, with a large umbilical tumor, the size of a large teacup; but I had no trouble whatever with the mothers, so far as after treatment was concerned.

I believe the experience of a great majority of country physicians will correspond with that of Dr. Kemper and my own; and it seems improbable that any country physician would exaggerate his successes. On the contrary, I am confident, from my own experience, and from what I know of my brother practitioners, that the alleged mortality of 17 per cent. in private practice, spoken of with apparent approval by Englemann, is beyond reason, and against light and knowledge.

I believe *one-half of one per cent.* would be too large a figure. Facts are stubborn things; and, no matter what Dr. Garrigues—as quoted by Dr. Kemper—may think, the statistics of country practice prove directly the contrary of what he states.

A country doctor may be called to-day to attend a case of obstetrics in the mansion of a rich farmer or resident of the town, and to-morrow at the house of a plebeian, whose wealth consists of a lot of shock-headed children, and whose dwelling is little larger than "8 by 10," where cooking, eating, sleeping and all else are done in the same room, where the servant-girl is nurse, cook and chambermaid. The surroundings would be, apparently, of the very worst; and yet the country doctor would expect—and his expectations rarely come to grief—such a patient to get along as well as her more favored sister.

In the great majority of cases the country doctor knows nothing of the case until some day, or oftener some dark, cold or rainy night, when he is aroused, with the injunction to make haste, as he is needed at such a place. Times without number have I had some such expression used to me as Dr. Kemper speaks of: "Hurry in here, Doctor, this woman needs you quick."

A great many times, after a long ride or drive, the child will be found born; but the old women present will give the cheerful intelligence, in presence of the patient, that the "after-birth is grown fast," and there still remains something for the doctor to do. In such cases the use of antiseptics would be impossible, and usually unnecessary, either before or after labor. As Dr. Hiram Corson has so well said, labor is a physiological process, and the less such a process is interfered with, the better for the patient.

After all, perhaps, antisepsis is only another name for cleanliness; and, as long as a physician keeps his person and hands scrupulously clean, the danger of any woman becoming infected from him is very slight indeed. A country doctor is liable at any time to be called to amputate a limb, or to adjust a fracture, or to sew up a lacerated wound filled with filth of all sorts: sawdust, leaves, sand, powder, etc., where antisepsis is impossible; yet he proceeds as best he can, and with almost invariable success.

I entirely agree with Dr. Kemper in his conclusions, and am glad his paper has been published, as well for the information it contains, as for the probability that other practitioners may be heard from on the same subject.

ACUTE MIDDLE EAR DISEASE IN GENERAL PRACTICE.

BY THERON Y. SUTPHEN, M. D.,
NEWARK, N. J.

The differential diagnosis and treatment of acute middle ear trouble is a matter less considered by the general practitioner than it should be. No doubt this is due, in a measure, to the dependence which is placed upon the specialist—a very natural error, but one so serious that attention should be called to it whenever the opportunity occurs. This is my apology for presenting a paper devoid of statistics, yet having conclusions arrived at in a general way from a rather extended clinical experience. It is my desire not so much to present anything new, as to call out some of the practical facts in regard to the recognition of the more common affections of the middle ear and their treatment.

By far the greater number of middle ear cases never reach the specialist, as they are transient, lasting only a few hours, and are often associated with inflammation of the pharynx or the diseases incident to childhood. It is very proper, therefore, that the general physician should be familiar with the simple means of examining the ear, and with the normal appearance of the external auditory canal and drum head. Four instruments are all that are necessary to equip a medical man for a rational examination and treatment. They are inexpensive and can be employed with satisfaction after a very little experience. They are: a forehead mirror, which can be used as well in inspections of the pharynx and larynx; one medium sized ear speculum,

preferably of silver; a one or two ounce hard-rubber ear syringe; and a Politzer bag. The treatment of chronic otorrhœa, with its sequellæ, such as granulations, polypi and the like, falls more properly to the lot of the specialist, who is supposed to have experience and suitable means of treatment. With the earaches of childhood, acute catarrhal inflammations of the middle ear and Eustachian tube, and acute suppuration, the general practitioner has much to do. Physicians make a mistake in not frequenting the clinic room, where they can obtain useful points in diagnosis and treatment, and thus prepare themselves for inevitable emergencies.

Among the more frequent causes of middle ear trouble we find colds in the head, as they are called, and other acute catarrhal conditions of the pharynx, while tonsillitis, especially of the hypertrophic form, plays an important part in their production. The more serious cases occur in the course of the exanthemata, and generally end in suppuration of the tympanic cavity with perforation of the drum head, while occasionally the inflammation becomes so extensive as to involve the periosteum of the temporal bone with accumulation of pus beneath this membrane, requiring surgical interference. Or the mastoid cells may be so invaded as to produce serious trouble in that cavity. Among the symptoms, pain is the most constant and suggestive, although no doubt deafness exists prior to this, but attention is not called to it. There may be more or less febrile disturbance, although this condition is frequently absent, especially in the sudden closure of the Eustachian tube, from collapse of its walls, the presence of thick mucus, or pressure. It may occur later if a true inflammation ensues. We may find evidence of an otitis externa, shown by the patient shrinking from pressure at the root of the auricle. In that form of the disease so generally classed as "children's earache" the pain must be intense, as there is such excessive distension of the drum head; but fortunately the suffering generally does not last long, as the accumulation quickly finds its way through the Eustachian tube into the pharynx, or bursts through the membrane, and escapes outward—this being followed, of course, by relief. In many of these cases the advent of the trouble is sudden and unexpected, occurring frequently at night, and no opportunity is had for an inspection of the drum head. But, if seen, the membrane appears greatly distended—afterward the evidences of the trouble is found in a redness of the periphery of the membrane extending to the handle of the malleus, which appears markedly prominent, the drum head being very concave. Sometimes upon its surface are found small clots, due to rupture of the overdistended vessels. If the trouble does not subside quickly, the pain becomes more intense and lancinating in character, the deafness complete, with generally a decided rise in temperature. At this stage on inspection the membrane is found red and swollen, with a decided bulging outward—so much so as frequently to shorten the depth of the external canal in a marked degree—while the redness and swelling spreads over the adjacent wall. If there is any fluid in the external canal, a distinct pulsation will be seen in the depth of the ear. Even at this stage pain may last but a few hours, and the inflammation subside without a perforation, and this be followed by speedy return to normal hearing. But this is not frequent, and in other and more serious cases the pain lasts several days, and the muco-purulent secretion assumes a purulent character, and finally bursts through the tympanic membrane, leaving the ear in a bad condition for a recuperative process, on account of the length of the pressure within its walls, the more or less involvement of the mastoid, and the exhaustion of the patient. The presence of pus in the external canal is sufficient evidence of perforation having occurred. The symptoms as a class are not misleading: Pain, lancinating, deep in the ear and seeming to extend downward into the throat, with more or less sudden impairment of hearing, and more or less febrile disturbance. Pain, from a furuncle in the external canal, impacted cerumen, or a diseased tooth, may be mistaken for middle ear pain. The matter can quickly be settled by an examination with the mirror and speculum and inspection of the teeth.

The majority of acute cases recover without any care from a physician, while some go on to a serious termination. This latter fact is sufficient, it seems to me, to cause every earache to attract careful attention.

Whenever we have diseases to treat in which there are throat complications, no physician should forget the possibility of ear trouble arising. In such cases we should use remedies that will soothe the mucous

membrane and gently remove accumulations of mucus from the vault of the pharynx. Care should be taken to keep the ears warm—not tied up, but protected from drafts of cold air. A sudden chill or abrupt checking of perspiration will often start an earache. Ill-ventilated rooms are another source of danger, and anything which will bring about spasms of sneezing and coughing may force mucus into the Eustachian tube, and mechanically plug this passage. These and similar causes serve to give us the initial step towards what may prove to be a very serious illness. It is the province of the physician to guard against these possible sources of danger, to care for the upper air passages, the condition of the skin, and personally to look after ventilation, etc.

Where ear trouble is likely to occur we should give instructions how best to relieve pain should an emergency arise. Nothing will give relief so quickly as warm applications. Water as warm as the ear will stand should be frequently instilled, the head being turned upon the opposite side. This should be renewed every few minutes, while a flannel cloth dipped in hot water may be placed directly over the auricle, to retain the heat.

Occasionally moist heat is intolerable to patients, especially to children, and dry heat in some form must be substituted. Dry, hot flannel cloths, quickly transferred to the ear, little bags containing hops, bran, salt or other substance, can be heated and applied over the auricle; or a brick made hot and wrapped with flannel may be used. The smoke from a cigar blown into the external canal has relieved many an earache. Perhaps the neatest appliance is a rubber bag of hot water laid against the ear. I might enumerate the old remedies—like laudanum and sweet oil, the centre of a roasted onion, breathing in the ear, and many others; but they have one and the same object, heat. Perspiration should be encouraged as much as possible; and, if necessary, an opiate should be administered—small doses of Dover's powder being preferable for children. Enough should be given to free the patient from pain; for as a rule the acute symptoms are soon past, and nothing farther will be heard about the ears.

Assuming that the trouble is not so transient, we have more serious matter to contend with, and a thorough inspection of the ear should be made. If the tympanic membrane is found swollen and red there can be no reasonable doubt that suppuration has taken place and that perforation may follow. The exceptional cases, in which perforation does not occur, are not sufficiently numerous to excuse any neglect on the part of the medical attendant, and the most active measures should be taken for the patient's relief. I have for years prescribed a solution of morphine and atropine—four grains of the former and two of the latter in one ounce of water—to be instilled as eardrops, as hot as the ear would stand it; and many times I have found that it afforded great relief at this stage. Cocaine is of no benefit whatever before perforation takes place. As a rule the pain will continue until the fluid escapes, either by surgical puncture or by spontaneous rupture; and all that can be done until that occurs is to administer anodynes, and, possibly, to apply a poultice over the ear. The poultice is considered more or less dangerous, inasmuch as it seems to encourage a diffusion of the inflammation and in this way invasion of the mastoid; but among my own patients the application of a poultice over the ear, resorted to by themselves after all my remedies had been tried in vain, has often given them magical relief; and I do not prohibit the use of this remedy half as much now as I formerly did. In fact, I would not be long in using it in my own case were I suffering this severe pain and could find but small relief in other remedies.

Right here arises the question of paracentesis or waiting for spontaneous rupture of the tympanic membrane.

There are advantages and disadvantages about this operation. It certainly relieves pain, as a rule, very quickly, but it is difficult to perform with children, and besides cases will frequently occur when it has to be repeated, on account of the puncture closing before the suppuration has been thoroughly established through it. Unless it is repeated, closure is followed by perforation accompanied with as much pain and disturbance as though the tympanum had not been opened. Experience has taught me that in the majority of middle ear suppurations occurring in childhood it is better to relieve the pain as much as possible by medication, and to await the natural perforation. In adults it is wiser to puncture the membrane—always, of course, in the most protruding portion of the drum membrane downwards and posteriorly—as soon as the purulent stage has arrived, or even earlier, and if the opening

closes to repeat the paracentesis. Just what is the reason I cannot say, but children seem to tolerate the entire course of middle ear suppuration with less danger of mastoid complication than adults. The procedure of paracentesis is extremely simple—merely the thrusting of a lance-shaped needle into the most conspicuously protruding portion of the distended membrane. But it is not to be done carelessly, or to be undertaken by one without some little experience.

The care of the ear after perforation has taken place consists chiefly in thorough cleansing without violence. During the first four or five days the ear should not be syringed at all, but warm water may be poured into the external canal with the head turned to the opposite side. After the water has remained a few moments the head is to be turned over and the water made to flow out. This should be done often during the day, so as to keep the external canal free from discharge. Should this be very profuse and thick, it *may* be necessary once a day to gently syringe the external canal, but this will be only in exceptional cases, and should be done with the greatest gentleness, as the act of syringing will often irritate the passage and add to the already severe inflammation. If there should be swelling in the region of the mastoid, this can be benefited by the application of hot wet cloths. After the more acute symptoms have subsided—say in the course of five or six days—the ear must be thoroughly and gently syringed with clean warm water, two or three times a day, and this should be continued until the ear is well or becomes intolerant of it, when, of course, the syringing should cease, and the external canal be cleansed, as in the earlier stages. I think nothing can be added to the warm water which will be beneficial. Many men carbolize the water or add a small quantity of boric acid, common salt, or bichloride to it; but I have never found this at all necessary or advantageous in the acute forms. As to astringent solutions, I have almost entirely abandoned their use. Nitrate of silver I have ceased to use in all acute cases. If the discharge is offensive in odor, it is merely because the ear is not kept clean, and not because it needs carbolic acid, boric acid, or the bichloride. The Politzer bag is one of our most effectual modes of treatment. In the acute and transient forms of middle ear catarrh, when the tympanic cavity is not distended with mucus, when there are occasional repeated attacks of pain, inflation of the middle ear is of decided benefit. It should be done gently but thoroughly, so that the patient can recognize the full distension of the tympanum. It should show its effect by changing the shape and appearance of the drum head. Care should be taken not to inflate the ear so violently as to give pain, or to over-distend the middle ear cavity while the Eustachian tube is so swollen as to prevent an easy escape of the air into the pharynx. The Politzer bag should never be used while the middle ear is distended with pus, or in the first few days following perforation; but it is useful again after the acute inflammation is past, and should be employed every day or two after syringing the ear, as it serves to force discharge through the perforation which otherwise might accumulate. When the perforation is about healing, and the suppuration is subsiding, it is best to omit inflation for a few days; but it should be resorted to again later to prevent the formation of adhesions between the membrane and the promontory. This will greatly add to the chances of ultimate good hearing.

A word as to boric acid. This is one of the most useful remedies we possess for chronic middle ear suppuration; but it should not be used during an acute inflammatory process, especially dry, as it frequently plugs up the exit for the discharge, after which pain and inflammation come back with renewed vigor.

In conclusion I would summarize as follows: Be on the alert for ear trouble in affections of the pharynx, and in the diseases of childhood. Do not slight any earache. Be ready to inspect the ear in any case, and to diagnosticate approaching suppuration. Use soothing remedies locally, and anodynes internally for pain. Avoid the poultice if possible. Avoid the use of the syringe during the first few days following perforation, but always keep the external canal well cleansed and the ear warm. Use the Politzer bag with discretion in all cases except during the first and suppurative stage, and for the first days thereafter, and never discharge a patient until satisfied that the cure is complete.

963 Broad street.

—In the treatment of amenorrhœa, Rokitanski, of Vienna, gives a dessertspoonful of dialized iron twice or thrice daily, diluted with an equal volume of canella water.

CASE OF ACONITE POISONING.—RECOVERY.

BY CLARA T. DERCUM, M. D.,
PHILADELPHIA.
CLINICIAN TO THE WOMAN'S HOSPITAL.

On March 26, 1889, I was suddenly summoned to a well-developed and apparently healthy woman, 36 years old. The patient was lying upon a bed, and was violently resisting the efforts of her friends to administer an emetic. Her pulse was full and strong, and beating one hundred per minute. Consciousness was unimpaired. She talked freely, stating that she had taken aconite, and would take nothing to prevent death. My first impression upon seeing her was that she was malingering. This belief was also shared by another physician who arrived a few minutes later. Subsequent developments, however, proved this impression to have been erroneous. Twenty minutes had elapsed since the poison had been swallowed, and still no symptoms of poisoning had manifested themselves. The aconite had evidently been taken with the intention of committing suicide, and had been procured from a chest where it was kept for administration to horses.

I obtained the following history from the patient's mother. The patient was addicted to the periodic use of alcohol, and had been drinking heavily for the past twenty-four hours. Upon being reproached by one of the members of the family for her behavior, she took the aconite in the presence of her mother, before the latter could prevent it.

Owing to her mother's statement, and the fact that the odor of the drug was present, it was determined to produce emesis. She resisted all attempts to compel her to swallow mustard and water, until the stomach pump was shown her, and all its horrors vividly described. After drinking three tumblerfuls of the mustard and water, she vomited freely. She was then forced, much against her will, to drink several glassfuls of warm water until repeated emesis ensued.

Thirty-five or forty minutes had now elapsed since the taking of the drug. The pulse and the respiration were still good. A mixture containing a half-ounce of brandy, one drachm of the aromatic spirits of ammonia, and twenty drops of tincture of digitalis was then administered. This was rejected by the stomach in a few minutes. Nevertheless it was again given and was followed by a like result. I now sat beside the woman with my finger upon her pulse, and not until twenty more minutes had passed did I notice any perceptible change in it. The pulse then became slow, and soon afterward irregular and much weaker. At times it was almost imperceptible. The respiration became shallow and somewhat irregular and less frequent. The patient also began to complain of tingling and burning sensations in her lips and tongue, and of burning at the pit of her stomach. Tingling and burning sensations soon made their appearance in her hands and feet, and finally spread over her whole body. She now desired to urinate, but was unable to do so, and had to be catheterized.

It was with great difficulty that the patient could be kept quiet. She was restless, nervous and talkative. Two hours later, while struggling with her, to keep her in bed, she suddenly ceased breathing, her pulse became unperceptible, her pupils dilated widely, and for a time she seemed dead. The heart sounds were not audible. In a few moments, however, the pulse and respiration slowly returned. Thirty minims of the tincture of digitalis were now injected hypodermically, and aromatic spirits of ammonia was given in drachm doses by the mouth; but these were not retained. No change occurring in her condition, thirty minims more of the tincture of digitalis was injected, making sixty minims in all. The pulse now gradually began to be stronger, fuller and more rapid, and her respiration gradually became deeper and more regular. Notwithstanding this improvement, attacks of syncope, always following some exertion, continued to recur for the next hour at irregular intervals. About five hours after swallowing the poison I considered it safe to leave her.

Her pupils were a little larger than normal, and whenever a fainting spell was threatening they would begin to dilate so widely that the irides were reduced to a narrow, almost invisible line. By watching them, I could foretell an attack. The patient had no convulsive movements at any time. Her muscles were relaxed, sweating was moderate. Her temperature could not be taken, owing to her being so unmanageable; but the surface of the body was markedly cold to the touch, and she complained of feeling cold. Artificial heat was freely used.

For further information of the case I am

indebted to Dr. E. Shapleigh, the family physician, who took charge of her upon his arrival. He informed me that the general prostration was rather severe and lasted for several days, and that the peculiar tingling and burning sensations, though gradually becoming milder in degree, were observed by the patient for some three or four days. She suffered quite severely from gastric irritation, and was unable to take anything but liquid and semi-solid food for about ten days.

The amount of aconite ingested is unknown. A piece of the solid extract about the size of a large hickory nut had been dissolved in two ounces of water; of this quantity she drank, as nearly as could be ascertained, four drachms in a tumblerful of water.

The symptoms in this case were very much delayed, and it is only rational to suppose that their slow development was due to the previous ingestion of a large quantity of alcohol. It appears further undeniable that the free vomiting induced, together with the hypodermic administration of digitalis, was largely instrumental in averting a fatal termination.

PERISCOPE.

Sommerbrodt on Creasote in Tuberculosis.

Professor Sommerbrodt, of Breslau, in two communications to the *Therapeutische Monatshefte*, declares that an experience of over 5,000 cases has proved to his own satisfaction that creasote is not merely a useful drug for the symptomatic treatment of tuberculosis as has been conceded by others, but that it exerts a specific influence on the disease by the resistance it offers to the cultivation of tubercle bacilli. Dr. P. Guttmann had by his experiments shown that tubercle bacilli could scarcely be cultivated in sterilized serum containing 1-4,000th of its volume of creasote, and the culture entirely failed when the solution was a little more concentrated. He concludes that if it were only possible to administer sufficient creasote for the blood to contain that drug for some time in the proportion of 1-4,000th of its own quantity, tubercle bacilli would probably cease to develop. This, he contends, is impossible, not only because the required quantity of creasote in the blood would be more than twenty grains, but because it would be impossible to determine what quantity of creasote would have to be administered to make twenty grains of it circulate in the blood. Sommerbrodt believes that it is possible to give the necessary quantity of creasote. He has been prescribing for some time to many hundreds of tuberculous patients capsules of creasote, each containing one grain of the drug. These capsules were taken, three the first day, and every succeeding day one more until the eighteenth day, after which the same quantity—from twenty to twenty-five grains per day—was continued for many months. The author says that it is impossible to presume that the twenty grains of creasote have already entirely passed out of the blood by the time the second or third dose of the drug is given, so that probably such an accumulation of creasote takes place in the tissues as to fulfil Dr. Guttmann's postulate. He has at any rate had the most gratifying success with this medication, and his experience was that the more creasote a patient could bear in a day the greater was this success. The *modus operandi* of the creasote, Dr. Sommerbrodt says, has not yet been sufficiently cleared up. The drug is certainly a stomachic tonic and diminishes the secretions, but these can hardly be its chief effects. He rather believes, although the experiments on animals have so far led to negative results only, that a sufficient quantity of creasote must make the soil unsuitable for the cultivation of tubercle bacilli. He suggests therefore that serum from a man who has for some time taken more than twenty grains of creasote be used to cultivate tubercle bacilli, so as to find out if this acts differently from the serum of another person used for the same purpose.—*Lancet*, August 17, 1889.

Intestinal Troubles of Infancy.

Dr. L. G. Broughton, of Reidsville, N. C., writes to the *North Carolina Medical Journal* on the above subject. As the result of quite an extensive country practice, he has met with only three grand divisions of infantile diarrhœa—simple diarrhœa, cholera infantum, and dysentery. He is satisfied that, in the vast majority of cases, decomposition in the gastro-intestinal tract is the *fons et origo mali*. And he finds these three great indications predominant; first, to clear out the bowels; second, to arrest decomposition

and putrefaction; third, to restore healthy action in the alimentary tract.

To meet the first indication there is nothing better than castor oil, provided the stomach can bear it. With many practitioners rhubarb, either in powder, in syrup or infusion, answers well in cases where castor oil is objectionable. To meet the second indication he uses salicylate of soda. To a child of from six months to two years old he would give three grains every two or three hours. This, he thinks, may be advantageously combined with pepsin, two or three grains. Another antiseptic of which he speaks in high terms is the sulpho-carbolate of zinc, in the dose of one-sixth to two grains. The third indication is fulfilled by suitable nutrients, as pancreatized milk, scraped raw beef, and tonics, as per-nitrate of iron and columba.

Dr. Victor C. Vaughan speaks of the requirements necessary in the preparation of food for infants in the intestinal troubles of summer. (1) Cow's milk used as food for infants should be sterilized. This is best effected by boiling. (2) The proteids in cow's milk may be made to more closely approximate those of woman's milk by partial digestion, at least by conversion into the soluble form. All chemists are agreed that the proteids of woman's milk are more easily digested than the same food stuffs in cow's milk. Dr. Vaughan would, therefore, counsel the partial artificial digestion of cow's milk, when used as food for infants, especially for those of weak digestive organs. On the other hand, he is convinced that this digestion should not be complete. In the first place, the digestive organs would be greatly weakened if the food used for any great length of time should be completely digested before its administration. Moreover, the use of wholly digested proteids in quantity is not free from danger, as experiments have shown that if peptones be directly injected into the blood they are poisonous. Normally it is a function of the liver to arrest and alter the products of proteid digestion in the stomach and intestines; but if a great quantity of ready-made peptones be poured into the stomach, they will be absorbed so rapidly that the liver may fail to perform this function fully.

The deficiency of carbo-hydrates in cow's milk may be supplied by the addition of milk-sugar or dextrine. Milk-sugar is too expensive to be used on a large scale. Common sugar acts as an intestinal irritant, and causes diarrhœa. Starch is not digested by the young child. Dextrine is easily prepared, is not acted upon by the yeast ferment, but is converted by diastase and by the pancreatic juice into maltose.—*Boston Medical and Surgical Journal*, August 29, 1889.

Absorption of Fat in the Intestine.

E. Sehrwald communicates to the *Corr.-Blatt der allgem. ärztl. Verein von Thüringen*, 1888, Heft 6, the result of his investigations upon the absorption of fat in the intestine. He comes to the following conclusions: 1. Absorption of fat in the frog's intestine is effected principally by the cylindrical cells, which take up the fat through the activity of their contained protoplasm. 2. Large doses of quinine paralyze the protoplasm of the cells and thereby stop the absorption of fat. 3. It is still undecided whether only the motor or only the chemical function of the cells is interfered with by quinine. 4. The digestive disturbances following the use of quinine may be referred to the diminished absorption of fat.—*Deutsche med. Wochenschrift*, July 25, 1889.

Closure of Defects in the Skull.

At the Eighteenth Congress of German Surgeons, April 24 to 27, 1889, Dr. Gerstein, of Dortmund, spoke of the closure of defects in the skull. He mentioned the case of a miner, who was brought to the city hospital, January 6, 1888, with a severe injury of the skull. After laying bare the wound in the skull, it was found that two of the larger fragments of bone, which were wedged into each other, could not be raised. Gerstein was therefore compelled to remove one of the fragments, which was thereupon laid in a solution of corrosive sublimate. After gently elevating the large fragment and carefully removing the injured brain tissue, he tried to implant again the fragment that had been removed; but he was unsuccessful in this, as the inner table very much over-lapped the external table of the skull. Gerstein therefore cut the fragment, which was about one and one-half inches long and one-half an inch broad, so that it would fit, and then implanted it. The wound was then closed, after the hemorrhage had been carefully checked. Recovery occurred without disturbance.

Early in January, 1889, the man died of pneumonia. At the autopsy, the fragment of bone was found to have formed bony union at all points where it came in contact with the skull. In the broadest place the line of union was one and one-half inches, in the next four mm., and in next one and five-tenths mm.—*Centralblatt für Chirurgie*, July 20, 1889.

Menstrual Urticaria Cured by Castration.

At the First Congress of the German Dermatological Society, held at Prague, June 10 to 12, 1889, Dr. Tauton gave an account of a case of menstrual urticaria which had been cured by castration. The patient was a woman, thirty years old, who at every menstruation suffered with violent colicky pains and an extensive eruption of urticaria. She was in very poor health and had inflammation of both ovaries and salpingitis of gonorrhœal origin. Both tubes and ovaries were removed by Prof. Schauta. With the occurrence of the menopause, artificially brought about by the operation, the urticaria and the other disturbances disappeared. The woman—who was exhibited to the Society—enjoyed excellent health and presented a blooming appearance.—*Wiener med. Presse*, August 4, 1889.

Operative Treatment of Tumors of the Cæcum.

Dr. R. Suchier, of Herrenalb, contributes to the *Berliner klin. Wochenschrift*, July 8, 1889, a communication on the operative treatment of tumors of the cæcum. At the close of October, 1887, he was consulted by a man who had a painful tumor in the right hypochondrium. Through the relaxed belly walls could be felt a hard tumor, about the size of a man's fist, with a nodular surface. This tumor was quite painful even on moderate pressure. During the latter weeks of his illness the patient had emaciated considerably; nausea, eructations with marked feculent odor, and lessening of the evacuations from the bowels, had set in, and the latter symptom quickly became intense.

The patient could recall nothing important in his history. There was no hereditary disease in the family, and he had not been before sick to any extent. The present disease had first begun to develop within a year, and recently, as stated, had rapidly increased in intensity. The patient was a man, 32 years old, of slender build. There was considerable loss of fat and muscle tissue. Great weakness existed. The lungs and heart were normal, and no abnormality was demonstrable on the part of the genito-urinary apparatus and nervous system. Digestion, however, was materially altered. There was loss of appetite, nausea, and eructations of an intense feculent odor. Small, slimy, pultaceous stools were passed. Palpation disclosed the presence of a tumor in the cæcal region. The glands in the right groin were swollen; but no other symptoms were present.

From an etiological point of view the occupation of the man deserves mention—he was an agate-polisher. These workmen polish stones while they lie upon their bellies on trough-shaped wooden benches, which are uncushioned. In this position they work twelve hours a day, during which time the edge of the bench presses upon the sides of the abdomen.

A tumor of the cæcum was diagnosticated, but whether it was of a cancerous or tubercular nature could not be determined. On account of rapidly increasing intestinal occlusion, removal of the tumor was decided upon on November 1, 1887. The tumor was cut down upon, the incision being parallel to Poupart's ligament and two or three fingers' breadth from it. The omentum in the neighborhood of the tumor was much inflamed and covered with whitish-yellow nodules, from the size of a pin-head to that of a pea. There were from twelve to sixteen hardened glands, some as large as walnuts, situated along the vertebræ. Some of these were shelled out and some were scraped out with a sharp spoon. The tissue of the cæcum close to the tumor was so easily broken that it was torn, and a small quantity of the intestinal contents unavoidably escaped, but was prevented from flowing into the peritoneal cavity. The bowel above and below the tumor was then emptied by expression, compressed by rubber bands, and cut through in healthy tissue on each side. The part of the cæcum containing the valve, and the vermiform appendix, was left behind. The ends of the bowel were united by double Czerny sutures—the inner coat with silk, the outer with catgut. Drainage was provided for. The course of the case was nearly without reaction. Vio-

lent pain persisted for two days, but disappeared completely under a few large doses of opium. No noteworthy rise of temperature occurred. Under continuous treatment with opium a copious evacuation occurred seven days after the operation, and three days later there was another. The external sutures were removed on the eighth day; those of the peritoneum became loose at the end of the second week after the operation. Seventeen days after the operation the patient left his bed; four weeks after it he walked a little, and then recovered relatively fast. Some months later he resumed his work, and, at the time of the report—eighteen months after the operation—he was entirely well.

Microscopic examination of the growth, by Prof. Ziegler, of Tübingen, showed that it was tuberculous—the submucosa and external layers of the bowel especially being involved.

Treatment of Ozæna.

Dr. Moure, of Bordeaux, who is an authority on the treatment of diseases of the nose, makes some helpful suggestions regarding the management of ozæna, in the *Bulletin Médical*, July 24, 1889. The usual treatment of ozæna, he says, consists in modifying the general condition of the patient; for this purpose the preparations of iodine and arsenic are given. Immediately after this cleansing irrigation, an antiseptic solution is employed, care being taken to vary it from time to time. Moure employs first the following:

Acidi carbolici	f℥iv
Glycerini	f℥iiss
Alcoholis (90°)	f℥x
Aquæ	f℥ix

Sig. A tablespoonful to a pint of tepid water.

When the carbolic acid has caused the bad odor to disappear—which it does usually in from eight to fifteen days—it is replaced by chloral, resorcin, salicylic acid, salicyclate of soda, or by creolin. The latter has the disadvantage of being very caustic, because it forms an emulsion and not a solution. It should be employed only in very small doses; for example:

Creolin	gr. xv
Alcoholis	f℥iiiss

Sig. A coffeespoonful to a quart of tepid water.

Naphthol also gives very good results; but a solution of camphorated naphthol is preferable. A solution of aceto-tartrate of aluminium is also employed:

Alum. acet. tart.	℥v—x
Acidi borici	℥iiss—iii

Sig. A coffeesponful of this mixture to a pint or quart of water, according to the patient.

Van Swieten's solution should not be employed, because it is dangerous.

In rebellious cases, the treatment should be terminated by atomization, as with the following solution:

Acidi carbolici	gr. xxx
Resorcin crystal.	gr. xlv
Glycerini	f℥iss
Aquæ	f℥ixss

After some time the antiseptic solution is replaced by more astringent solutions, as those containing tannin, boric acid, alum, or antiseptic vinegar; and when the mucous membrane of the posterior part of the nasal fossæ is very dry, the following solution is used:

Salol	gr. lxxv
Olei Petrolei	f℥v

Fumigations and inhalations also give good results. The following solution, which is heated over a water-bath, should be employed for inhalation for one or two minutes after the irrigations, such as:

Camphoris	℥ii
Tincturæ iodi	f℥iiss
Potass. iodidi	℥ss
Picis	℥iii
Alcoholis (90°)	f℥iii
Aquæ	f℥viii

Insufflations of powders should, in general, be abolished.

The Rabic Comedy at Jarville.

The commune of Jarville, in Lorraine, near Nancy, has recently enjoyed a hydrophobia scare of quite respectable proportions. The cause of all the commotion was a little black puppy, about two months old, that belonged to the proprietress of a public-house. The owner became ill, and, finding the puppy rather troublesome, made it over to a friend, who, in turn transferred it to another, and so it passed through several hands in a short time. One of its owners was a drunken workman, who died from delirium tremens. The report soon spread that the man died from hydrophobia. The original owner, who had suffered for some time from cancer

of the stomach, was so alarmed at this report that she took to her bed, and soon after had a final attack of hæmatemesis, to which she succumbed. Rumor assigned hydrophobia as the cause of her death also, and the town went wild. A large number of the inhabitants went to Paris, to the Pasteur Institute, at the expense of the commune, and after being inoculated returned home with minds at rest, and now propose to celebrate their deliverance by a *bal des enragés*. Thus ended what Dr. Linet, who chronicled the event, has called the rabic comedy of Jarville.—*Medical Record*, Aug. 31, 1889.

Treatment of Hemoptysis.

In concluding a paper in the *Medical News*, Aug. 24, 1889, Dr. James B. Walker, of Philadelphia, says that hygienic measures are adequate for the arrest of most cases of hemoptysis occurring early in chronic pulmonary disease. They constitute much the most important part in the treatment of even grave cases. In ordinary cases, in addition thereto, sufficient doses of an opiate to quiet unnecessary cough will be all that is required. For the severer attacks, or where their repetition gives even a slight hemorrhage a gravity it would not otherwise possess, we should administer either the peculiar hemostatics, turpentine, erigeron, tincture laricis, or other drugs of this class; or astringents, preferably gallic acid or acetate of lead, and these preferably by the stomach.

If topical applications are resorted to, they should be such as alum or turpentine. Forced efforts at inspiration, with the idea of carrying into the lungs a large quantity of medicated air to mingle with the complemental and residual volumes, are to be guarded against, lest they increase the hemorrhage. Where the hemorrhage is serious, from its excess or persistence, ergot should be freely administered, by the stomach, if possible; hypodermically if rapidity of action is imperative.

A Leper Butcher in Bombay.

We learn from *The Times of India* that the officers of the Municipal Board of Bombay, acting upon information, made a careful examination of the butchers at work in the slaughter house of Chinchpoogly, and found one of the members in an acute leprous condition. It seems that for some time past a number of low-caste people of the butcher class, who were not allowed to hold stalls in the market, have been in the habit of purchasing buffaloes which the butchers of Bandora refused to kill and sell for human consumption. These animals were then driven off to a distance, to Coorla, to be slaughtered, and when cut up their flesh was smuggled into Bombay to be sold at a cheap rate. Quite recently it came to the knowledge of the authorities that among those carrying on this illicit trade were two lepers. An attempt was made to arrest these men as they were driving a cart-load of the buffalo flesh to market. One effected his escape. The other, on being examined, was found to be in a disgusting state of disease. He had already lost his fingers and toes, and the leprosy was spreading over other parts of his body. Both these lepers have been employed to cut up and handle this buffalo beef and bring it to market for human consumption. It turns out that he has already been twice warned, and once fined five rupees for contravening a section of the Indian Penal Code, which provides the mildest sort of punishment for persons charged before the magistrate with spreading a contagious disease. The fine is paid, and the man once more is free to carry on his loathsome trade.—*Medical Press*, Aug. 14, 1889.

Treatment of Eczema.

Dr. Unna, of Hamburg, publishes, in the *Monatsschrift für Dermatologie*, a paper on the Diagnosis, Etiology, and Treatment of Eczema. He says that even before the experimental cultivation of bacilli, exact clinical observation had distinguished a number of entirely different types of eczema, and he thinks that each different type will be found to require a different mode of treatment. The type most frequently seen in Hamburg is seborrhœic eczema, and the parasite causing it is that which in the first instance produces pityriasis capitis. Those persons who suffer from seborrhœic eczema of the head, including those affected with pityriasis capitis, are apt to suffer from the same kind of eczema on other parts of the skin. Dr. Unna has repeatedly pointed out that we possess a series of valuable remedies for the treatment of seborrhœic eczema in all its forms—viz., sulphur, resorcin, chrysarobin, and pyrogallol. Of these remedies resorcin is the best, as being the least likely

to produce local or general ill effects. It may also be used in an alcoholic or watery solution, or in the form of ointment, paste, soap, or powder. Dr. Unna's favorite formula is a solution of three drachms of finely-powdered resorcin with an equal quantity of glycerine in six ounces of alcohol diluted with four times the quantity of water or camomile tea. A thin layer of cotton, well moistened with the solution, is applied, covered with some waterproof material, and fastened by a bandage. These applications are particularly useful when the treatment is prolonged, or when it is carried out by night. They are, of course, impossible in general eczema of adults, but not in that of infants. Dr. Unna describes an especially important effect following the application of resorcin—viz., a swelling of the epidermis, by which all painful fissures are healed in a single night. In order to ensure healing, he advises that the skin should be anointed after the removal of the bandage, and that washing with soap should be avoided. A few people suffer from a resorcin idiosyncrasy, which necessitates the immediate cessation of this treatment, and the application of powder to the affected parts. This idiosyncrasy is, however, very rare, as he has only met with it ten times in five years' observation, during which time he has seen 2,000 cases. He remarks that his treatment is not adapted to cases of long-existing eczema in which strongly-infiltrated or thickly-indurated patches occur.—*Lancet*, Aug. 17, 1889.

Morphine in Pregnancy and Parturition.

Dr. C. Fürst contributes an article to the *Wiener klin. Wochenschrift*, II, 10 and 11, 1889, on the use of morphine in pregnancy and parturition. Fürst sees no danger in the moderate use of morphine in pregnancy. He recommends it in uncontrollable vomiting, in threatened miscarriage, and especially in cases in which miscarriage is habitual, in eclampsia, and in pneumonia. Experience teaches that the development of the fetus does not suffer from the use of morphine by the mother during pregnancy or afterward, but the solutions used should not be too strong or too old. Morphine-eaters, who do not use morphine too freely, may become pregnant repeatedly and carry their children to term without seriously impairing their subsequent development. In the case of women in labor, morphine may be employed in moderate doses. This does not affect the efficiency of the pains or endanger the power of resistance of the child. But it is necessary, when there is no prospect of a speedy termination of labor, to be cautious in the use of morphine, for the sake of the child. The rapid and copious elimination of morphine with the mother's milk should also prevent its employment in the case of suckling mothers.—*Schmidt's Johrbücher*, July 15, 1889.

The Leprosy Scare in England.

At the Balloon Society's meeting last Friday evening at St. James' Hall, Surgeon-General Sir William Moore delivered a lecture on "Leprosy." He spoke as an expert on this painful subject after his 30 years' medical experience in India. So far as this country was concerned there was no ground for uneasiness. There had always been a certain number of lepers in England, and there would probably be more as communication with the East increased. Our generally excellent sanitary arrangements were calculated to oppose the spread of any disease which required communication of the active germ by contact. Referring to the outcry which had been raised, the lecturer showed that it was quite wrong to suppose the Government had done nothing in respect of India, instancing the leper asylums of the Bombay Presidency. There were, however, many difficulties in the way of general isolation of lepers in India. The great safeguard was the spread of civilization and sanitation. The following resolution was carried: "That the present scare on the subject of leprosy is unsupported by any extraordinary manifestation of the disease."—*Medical Press*, July 17, 1889.

Nova Scotia Medical Society.

The *Maritime Med. News*, July, 1889, pronounces the late meeting of the Nova Scotia Medical Society a success. It was a success in the number of papers read, and in their quality; it was successful, too, in the promotion of acquaintanceship and friendship among fellow-workers, whose only opportunity of shaking hands is at the annual meeting. There was a gratifying shortness about many of the papers, and all were good.

THE
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ISSUED EVERY SATURDAY.

CHARLES W. DULLES, M.D.,
EDITOR AND PUBLISHER.

N. E. Cor. 13th and Walnut Streets,
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The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

A STRANGE USE OF HYPNOTISM.

Nothing more singular could be imagined than the observations related soberly by some of the French experimenters in hypnotism. The remarkable assertions in regard to the application of hypnotism to therapeutic ends are quite matched by those in regard to its manifestations when carried out experimentally, and with a view to determining what actions can be prompted in the hypnotic state. In various places attention has been called to the possibility that criminal actions may be unconsciously performed by persons to whom they have been suggested while hypnotized, and recent reports from Paris indicate that hypnotic subjects may be prompted to indecency and bestiality in the same manner.

For example, in the *Bulletin Médical*, Sept. 4, 1889, it is stated that Tessié claims that he has been able to fix a stamp upon the mind which results in the formation of what he calls "ideogenous zones," or regions, the stimulation of any one of which will be followed by actions of a definite character. His experiments were made in connection with a propensity which is perhaps exceptionally developed in his own country—namely, to indulge the sexual appetite. He describes a case in which he put a man into the hypnotic state, and said to him: "The right auricle represents lubricity, and the left auricle represents chastity." He then waked the subject; whereupon, keeping the most absolute silence, he pressed the patient's right auricle, and saw that he became gradually erotic. At the moment when he was about to masturbate, Tessié pressed the left auricle, and the subject gradually lost his passion and resumed the air of chastity.

The first time that Tessié performed this experiment, he says, he forgot to suppress the suggestion. The next day the patient presented himself fatigued, and said that in the evening he had met a friend who had pressed his right hand. Some moments later he became possessed with a violent desire for coitus. He felt that this desire came to him from the right auricle which he pressed several times in the twenty-four hours. He relieved himself by masturbating several times, and that night he had intercourse several times with his mistress; and that very day, on coming to Tessié, he had had two ejaculations, for in walking he had pressed the right auricle.

A story of this sort would hardly be credited, were it not told on good authority. It is almost incredible that a scientific investigator should choose such a field for experiment, and one who reflects on the story cannot fail to note the character of the subject and to suspect that he merely seized a ready excuse for the indulgence of a propensity to vice or deliberately played upon the credulity of his investigator.

If there is any element of scientific truth in the singular claim of Tessié that he can "create" ideogenous zones, it is to be hoped that he, and those who imitate him, may hereafter create virtuous and manly zones, and not start their subjects in courses which it may not be so easy to stop.

RESULTS OF REMOVAL OF THE CEREBRUM.

One of the most remarkable experiments ever reported was communicated May 17, 1889, by Dr. Goltz, to the Naturwissenschaftlich-Medicinischer Verein in Strasburg. In this experiment Dr. Goltz removed, as fully as he could, and in two operations, the cerebral hemispheres of a dog, and carefully observed the effect of the mutilation. The dog lived fifty-one days after the last operation, and then died by an accident—so to speak; that is, of pneumonia caused by the passage of food into the lungs while feeding. The specimen of the brain was exhibited to the Society, and was found to present an almost total removal of the cerebrum. That it should have been an absolutely total removal was hardly to be expected; but that it was practically so will be seen from the following account of what was demonstrated, as given in the *Deutsche Med. Wochenschrift*, Aug. 15, 1889. In the specimen of the brain presented to the Society, the entire cortical layer of the cerebrum was wanting, except two shreds of gray matter at the base, which belonged to the radial surfaces of both hippocampi. At the base, the brain tissue forming the floor of the third ventricle and lying between the optic tracts and the crura cerebri, was also left. Both corpora striata were entirely missing. The optic thalami were much injured and were softened on their lateral surfaces. The optic tracts were divided. Above, the remains of the optic thalami were covered by a malformed striated substance, which evidently represented the remains of the corpus callosum and of the fornix. The hypocampus major was absent on both sides. The corpora quadrigemina were uninjured, but swollen and soft. The pons and medulla oblongata were likewise somewhat softened, and showed fewer sharp outlines than in the normal brain. The cerebellum was uninjured.

As it is very questionable whether the remains of the gyrus hippocampus had any physiological connection with the crura cerebri, one may venture to assert that the dog had no cerebrum. More important is the fact that this animal, after the loss of the cerebrum, performed functions for the accomplishment of which the cerebrum is regarded by many authors as essential. A few hours after the last operation the dog was able not only to stand and walk, but also to raise himself on his hind legs and lay his forepaws upon the edge of the box in which he was. He could not eat or drink unaided, but was able to chew well what was put in his mouth. His sleeping and waking alternated as in a normal dog. He was usually very restless before being fed; and when satisfied he went to sleep. He could be awakened from sleep by merely touching any portion of his skin; he then opened his eyes, which before were closed, and stretched himself as a normal dog does on awaking from sleep. If his limbs were put in an uncomfortable position, he immediately improved their position. According to the occasion, he could whine, growl, bark and howl. In defecating and urinating he assumed exactly the position that a normal dog assumes. He paid no heed to sounds. His perceptions of sight and taste must have been lost, because the nerve paths concerned were cut.

It is not so astonishing that the subject of Goltz's experiments should have lived after the removal of his cerebrum, for this part of the brain is not directly concerned in the performance of the vegetative functions of animals; but the wonderful feature of the case is the fact that so many manifestations of intellectual processes were observed after

removal of the parts of the brain in which they are presumed to reside. This is a phase of the experiment which invites to further study, and our readers will probably await with interest the appearance of the complete account of the case which Goltz promised would appear before long in *Pflüger's Archiv.*

LACERATION OF THE VAGINA IN LABOR.

It is too much the custom to consider that injuries and lacerations of the utero-vaginal canal, in labor, affect only the womb and the perineum. It is well known that the vagina is often lacerated, contused, and torn loose from its connections with the rectum and bladder, and this knowledge ought to be more generally appreciated. The fact that injuries of the vagina, unless involving a rupture into the bowel or bladder, or hemorrhage from a torn vessel, give rise to no immediate symptoms, is a very evident reason why an early diagnosis is seldom made or even attempted. The diagnosis is seldom made unless the wound becomes infected and serious local or general symptoms result, or a hematoma forms, which attracts attention early, by its size and pressure, or later, if inflammation or suppuration takes place. Perhaps long afterward the examining finger of the surgeon finds scars which indicate the injury; or there is reason to believe that a separation of the vagina from its attachments was the starting point of a cystocele, rectocele, or prolapse of the vagina. The more common laceration of the vagina as an extension of the tear which involves the perineum is of course easily recognized when the parts are examined at the termination of a labor.

An interesting discussion was recently had in the Obstetrical Society of London on a paper upon this subject read by Dr. J. Matthews Duncan. Dr. Duncan reported two cases of vaginal abscess in women recently delivered. The symptoms were alarming. He attributed them to laceration of submucous cellular tissue and consequent hematoma. In each case an indurated swelling was found in the vagina, having a rounded opening admitting the finger, which when pressed entered a cavity as large as a walnut. Eight similar cases were reported by Drs. Boxall, Horrocks, and others.

This interesting variety of injury to the vagina is infrequent but not very rare. The course of the affection consists in the injury which causes the hematoma, which is followed by infection, inflammation, suppuration, and, at times, discharge of the bloody purulent material, into the vagina.

While the symptoms of this last variety of vaginal injury are more striking, the injury itself is scarcely of more importance than the others. It cannot be doubted that the other varieties of vaginal injury are important factors in the development of local inflammation, subinvolution, and displacement of the pelvic organs. Were the most excellent rule generally adopted, that every puerpera should be examined about the tenth day, and again at the end of the sixth week, these injuries, as well as any other abnormal condition, would be discovered; and by instituting appropriate treatment much subsequent trouble could be avoided.

WRAPPERS FOR FOOD.

The attention of the Superior Council of Hygiene in Paris has recently been called to a curious source of danger to the inhabitants of that city. It appears that a petition has been addressed to the Council, asking it to prohibit the use of old paper from magazines and newspapers for wrapping articles of food. The petitioners urge that this practice is one fraught with danger to persons who use food that has been put in such wrappers, and assert that the Austrian Government has prohibited the use of old papers, and even of colored paper, to enclose articles intended to be eaten.

The presentation and serious consideration of this petition indicates the care exer-

cised in certain countries of Europe to protect the inhabitants against even remote sources of danger to their health. In the present instance this care seems to be a trifle excessive; but it cannot be denied that it would be a good thing to impress upon provision dealers the desirability of using clean and wholesome wrappers for the articles which they sell. Ordinarily the newspapers and leaves of books which come to be used as wrappers have never been read, and are probably as free from contamination as the cheap papers made especially for wrappers; but it is contrary to the æsthetic sense to employ any paper to surround articles of food which has been previously handled, and it is conceivable that such paper might be a means of infection with disease.

ENTERPRISING OPTICIANS.

There has recently occurred in this city a very remarkable attempt on the part of a manufacturing house to play fast and loose with an influential portion of the medical community. The firm in question, we are assured on authority which comes from one of its members, sent out thousands of circulars, a specimen of which reads as follows:

"*Mrs.* (name).

"DEAR MRS. (name):—We should be glad to have you consult us in reference to your eyes. We have been fitting glasses for the past thirty years, and after careful study of the subject have adopted a method of examination which is wonderfully effective. One visit to our store is all that is required, consequently both a great amount of time *and expense are saved.* The glasses furnished cannot fail to give you great comfort.

"Yours truly, "QUEEN & Co."

This circular was sent out in the form of a written letter, and addressed individually to persons whose names had been obtained in some way or other.

At the very time this was being done, the same firm was sending out to the oculists of Philadelphia a circular, calling attention to the fact that that they were peculiarly fitted to fill the prescriptions of oculists, and asking for their patronage.

A singular part of this performance consists in this fact, that, in the letter addressed directly to the laity, they were asked to come to have their eyes examined at the shop of Queen & Co., while in the circular sent out to the oculists they were informed that a new place of business had been opened, in which only oculists' prescriptions would be filled. The reason given for this is, that there "Patients will avoid detention on account of the large business transacted at our main store."

Those who are inclined to criticise, may, perhaps, fancy that the true reason was to keep the patients of the oculists from getting hopelessly confused with the patients of Messrs. Queen & Co., and wonder how long it would be before the former would be receiving appeals to go direct to the "main store."

Now, there is no moral or legal objection whatever to an attempt on the part of a maker of eye-glasses to secure the patronage of medical men or the custom of the laity; but it is somewhat dangerous for any firm which desires the former, to try to secure the latter by methods which are regarded as improper by physicians, and it is astonishing that a firm of such large experience as Queen & Co. could commit so gross an act of folly. They could hardly expect that their curiously worded circular would fail to fall into the hands of some member of the medical profession, or that, when it did, it would fail to excite strong condemnation.

—During a discussion over the educational budget in the Belgium Senate recently, a member attracted attention to the constant increase in the number of students at the universities; this increase showed, in his opinion, that the examinations were too easy, and that they threatened to overload the liberal professions.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained upon receipt of price, from the office of the REPORTER.]

THE NERVO-VASCULAR SYSTEM. A Chart 18x24 in. Arranged by W. HENRY PRICE and S. POTTS EAGLETON. Philadelphia: F. A. Davis. Price, 50 cents.

This chart is, in some respects, a very convenient one for assisting students in learning, or physicians in remembering the origin and distribution of the nerves in the human body; but it has several defects. One is, that its title is a misnomer; for, while the nervous system is described, there is nothing at all said about the vascular system. Another defect is, that, while it is probably anatomically correct, having been examined and approved by Dr. John B. Deaver, Demonstrator of Anatomy in the University of Pennsylvania, its editing has not been of the most careful kind. At the first glance, we discover that certain nerves are spoken of as "Superific," which is a new name to us. We also find that the word "foramen" is spelled "foramem." Such slips as this ought to have been detected by some one connected with this publication. They do not impair the utility of the chart, but it is unfortunate that they should have been committed.

UNIVERSITY OF PENNSYLVANIA. HANDBOOK OF INFORMATION CONCERNING THE SCHOOL OF BIOLOGY. Quarto, pp. 125. Philadelphia: 1889.

This is an exceedingly handsome book, describing the facilities for study in the Biological Department of the University of Pennsylvania. It opens with a short sketch of the founding of the University, followed by a list of the various officers, administrative and teaching, and an account of the means for and ways of teaching biology. It is illustrated with a number of beautiful reproductions of photographs, showing the rooms, green-house, laboratories, etc. Those who know the great amount of conscientious and intelligent labor and the large sums of money which have been expended upon the Biological Department of the University of Pennsylvania will be glad to find such an interesting account of what it has effected. To most persons who examine this book, it will probably be a surprise to find how extensive is the ground covered by the course of biology, and how complete are the facilities for this study in the University of Pennsylvania.

TRANSACTIONS OF THE SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION. Volume I. Session of 1888. 8vo, pp. viii, 318. Birmingham, Ala.: Caldwell Printing Company, 1889.

This volume contains the papers read before the Southern Surgical and Gynecological Association, at its meeting in Birmingham, Ala., December 4 to 6, 1888. The Chairman of the Publication Committee, Dr. W. E. B. Davis, states that the Committee decided that it would not be wise to attempt to include the discussions of the papers in the Transactions, because it was found impossible to get a satisfactory report of them after the members had returned to their homes. Hereafter, however, the Association will have a stenographer, and a full report of all discussions will be preserved. The latter statement, together with the good appearance of the volume before us, and the excellent character of the papers it contains, gives a very good idea of the energy, progressiveness and ability of the members of the Association.

Some of the best of the papers in the present volume were published in the REPORTER shortly after they were read before the Association. Of these we may mention the article of Dr. J. M. Taylor, on "Antiseptic Surgery in Country Practice;" that of Dr. John Brownrigg, on "Fractures of the Forearm;" that of Dr. J. W. Long, on "Practical Aseptic Surgery;" and that of Dr. E. J. Beall, on "Fibro-Cystic Tumor of the Uterus."

The Association is to be congratulated on making such a good showing with its first volume. We hope there will be many good ones to follow it.

TRANSACTIONS OF THE NEW YORK STATE MEDICAL ASSOCIATION, FOR THE YEAR 1888. Volume V. Edited for the Association by Alfred Ludlow Carroll, M. D. 8vo, pp. 610. New York: J. H. Vail & Co., 1889.

This handsome volume contains the papers read before the New York State Medical Association, at its meeting in New York City, Oct. 9 to 11, 1889, and also the business proceedings of the Association, the latter occupying, with the alphabetical list of Fellows and the index, the last one hundred and twenty-five pages of the book. The Association seems to be fortunate in selecting interesting subjects for discussion, and in having them discussed in an instructive and entertaining manner. Among such subjects, in the present volume, are: "Nosography," "Puerperal Septicæmia," and "Tumors." Among papers which deserve special mention, is one on "Railway Injuries," by Charles W. Brown, one on "Diphtheritic Paralysis," by Dr. J. Lewis Smith, and one on "Traumatic Gangrene," by Dr. Thomas H. Manley, which was published in the REPORTER.

The book is well printed, in clear type, and its contents are alike creditable to the Association and to its Editor.

INDEX CATALOGUE OF THE LIBRARIAN OF THE SURGEON GENERAL'S OFFICE, U. S. A. Vol. X. O—PFUTSCH. pp. 1059. Washington: Government Printing Office, 1889.

The tenth volume of this great work is entirely in keeping with those which have preceded it: thorough, scholarly, exact—a monument to the just liberality of the government and the discriminating management of its Editor, Dr. Billings.

The volume includes 7,658 author-titles, representing 2,905 volumes and 7,282 pamphlets. It also includes 14,265 subject-titles of separate books and pamphlets, and 29,421 titles of articles in periodicals.

—SPOILED MOUNTS are of no value, but the slides and cover glasses are. When a mount spoils beyond repair, place it in a wide-mouthed bottle containing equal parts of alcohol, oil of turpentine, coal oil, and benzol. After a few days' maceration in this liquid, the slides and cover glasses may be wiped clean, and are then just as good as new.

CORRESPONDENCE.

Undetected Constipation after Confinement.

TO THE EDITOR.

Sir: I would like to communicate with you, through the columns of the REPORTER, in regard to a condition of puerperal women which I have noticed. It is the state of the bowels in connection with a form of puerperal fever, accompanied with tenderness of the abdomen. I have noticed it in two cases lately. My treatment has been copious injections of soap and water, repeated three or four times, until satisfactory movements have been secured. The evacuations have been gray and hard, or pasty, and passed in very large quantities. In connection with the injections I have administered the customary treatment of opium and calomel with local applications to the surface of the abdomen; but the relief of the constipation—though the patient was not aware that it existed—seemed to contribute very much to the recovery of the patient, in the few cases which I have observed.

The disturbance I refer to occurred one or two weeks after confinement, and the condition of the bowels was apparently good until the treatment showed that there had been an undetected accummulation of feces. Yours truly,

W. H. LEWIS, M. D.

Birnamwood, Wis.,
Sept. 18, 1889.

NOTES AND COMMENTS.

Alleged "Cures" of Deafness.

Among miscellaneous matters treated of in the *Amer. Annals of the Deaf*, April, 1889, we notice two reported cases of so-called cures of deafness by the "faith-cure" and "Christian science." One of these was a boy living in Japan, who was said to have had his hearing restored by the prayer of missionaries. This case was investigated by a trustworthy gentleman living in Tokio, where the case occurred. He writes: "The only foundation for the story of his cure by prayer was that at the time of the effort made in his behalf he seemed, or was imagined by those who so eagerly watched him, to hear the sound of the school-bell. I judge, from all I can gather, that there is nothing in the case which the intent watching of those interested will not readily account for."

The *Oregon Sign* remarks as follows on a reported restoration to hearing of a former pupil of the Oregon School by "mind-cure" or "Christian science:" "A Portland daily paper of a recent date names among others Miss Mary Lance, a deaf-mute young lady long a pupil in this school, as having her hearing partly 'restored' by nine 'treatments' by a 'mind-cure,' or so-called 'Christian science,' doctor. Miss Lance writes to friends here that she is as deaf as ever, and expects to return to school. There is, no doubt, science that is Christian, and Christianity that is science; but there is a great deal in the world that is neither science nor Christianity, for quackery has nothing to do with either. Newspapers do a great injury when they publish such nonsense, as deaf children are often kept out of school by a false hope that they may be cured."—*Science*, April 19, 1889.

Poisoning from Pelletierine.

In the *University Med. Magazine*, August, 1889, Dr. E. B. Landis, physician to the Lancaster County Hospital, reports the following interesting case:

C. R., a male, 26 years old, having at various times passed fragments of tænia, applied to the hospital for relief. In the evening an enema was given to empty the lower bowel. The next morning at five o'clock a bottle of Tanret's pelletierine, containing one-half ounce, was given in a glass of sweetened water. Ten minutes after its administration there was marked disturbance of vision with dilatation of the pupils. This gradually grew worse until there was inability to distinguish one object from another, everything appearing in a confused mass. With the disturbance of vision there was violent headache, dizziness, and gastric uneasiness which gradually grew worse, and which finally led to violent retching and vomiting. The patient was unable to sit up, partially on account of the dizziness, but chiefly because of the general prostration. The pulse was rapid and feeble, and the temperature rose to 101.5°. The respirations were also rapid and shallow. A cold sweat broke out which was limited to the head and face. Drowsiness came on and continued for five hours.

One hour after the administration of the

drug a purge was given, which emptied the bowels about 9 A. M., bringing away numerous pieces of tænia, and which was accompanied with retching and vomiting. After this the symptoms gradually diminished, but it was not until about thirty-six hours after the drug was given that the disturbed vision, dizziness, and nausea had entirely disappeared.

One very marked feature of the case was the diminution in the quantity of urine excreted. During the twenty-four hours not more than twelve ounces were passed, the color of which was dark and the odor very offensive. The prostration of the patient was extreme, and diarrhœa continued for several days.

Dr. Bayer, in the *Prager Medicinische Wochenschrift*, reports a similar case of poisoning in which male fern was given with the extract of pomegranate, but he attributes the poisoning to the male fern alone. Besides this I have not found any analogous cases.

Poisoning by Salicylic Acid.

Dr. Pullmann states in a communication to the *Berlin klin. Wochenschrift*, July 1, 1889, that while suffering with orchitis, the sequel of mumps, he was ordered by his attending physician to take seventy-five grains of salicylate of soda in one dose. The result was the production of vomiting and diarrhœa, profound collapse, and hemorrhage from the nose. Dr. Pullmann also states that four years ago he treated a case in which hemorrhage arose from or after the use of salicylic acid. A merchant, 22 years old, up to that time healthy, was attacked with rheumatism of the joints. After the administration of ordinary doses of the salicylate intestinal hemorrhage occurred, which at first he did not connect with the employment of the remedy. After the stools had again become normal, he employed the salicylate several times, and each time the next passage contained a profuse discharge of blood.

Longevity of Women in Hungary.

Statistics collected by Fodor, and published in the *Deutsche med. Wochenschrift*, July 18, 1889, indicate that in Hungary the life of women is materially shorter than that of men. Up to the age of thirty years there are more women than men in the population; after this age the proportion falls from 109.7 per cent. to 85 and 95 per cent. at the ages of eighty and over eighty years. This condition is the opposite, he states, to that found elsewhere in Europe, where the proportion of living women to males is 105.5 per cent at thirty years of age, and rises to 144 per cent. after eighty years.

Precaution against Yellow Fever.

Surgeon General Hamilton, of the Marine Hospital Service, has decided that the remains of the wife of the Captain of the vessel, John A. Briggs, which arrived at the Delaware Breakwater August 21, cannot be landed and shipped to Maine, as desired by the Captain, until the assent of the States through which the body must pass is obtained.

The woman died of yellow fever on the voyage from Rio de Janeiro. Her body was placed in a tight wooden box, very thickly coated with tar, and was buried in the sand with which the ship was ballasted. The case was said to be air-tight; but permission to remove it from the ship was refused.

Progressive Pernicious Anæmia.

In the *Archives gén. de Médecine*, Jan., 1889, Drs. Hanot and Legry have a communication on the study of progressive pernicious anæmia. The paper contains an historical review of the study of pernicious anæmia, a presentation of its symptoms and of the condition of the blood, and the results of investigation of a patient observed by them.

The liver on microscopic investigation was not found to present the changes which are considered the anatomical expression of an infectious process. The changes affected only the liver cells, which were infiltrated with very fine refracting granular masses; in addition were found markedly atrophic, irregularly distributed cell elements; the vessels and connective tissue seemed unchanged; accumulation of blood elements was not found. The condition was therefore one of disturbance of cell nutrition which depended upon some irritative cause, or was perhaps the result of a primary blood dyscrasia. Although fatty granular degeneration is very often present in infectious processes yet it is so frequent in other and different circumstances as to be of no value in demonstration.

The parasitic origin of pernicious anæmia is pure theory only, for examinations of the blood are not in harmony; cultures and inoculations were without result and microscopical examinations have afforded no incontrovertible proof.—*Schmidt's Jahrbücher*, April, 1889.

Nitro-glycerin in Cardiac and Renal Diseases.

Dr. L. V. Holst has employed nitro-glycerin in a number of accidents consecutive to cardiac and renal diseases, such as dyspnœa, angina, palpitation, etc., and the following are the conclusions which he draws from cases which he reports in detail (*Gazette Hebdomadaire des Sciences Médicales*, Oct. 6, 1888):

Nitro-glycerin is a remedy which is capable of affecting the innervation of the heart in the most marked manner; its effects being especially marked in cases of weakening of the cardiac muscles with implication of the valves. The best results, however, are obtained in cases of angina, where it is claimed that the symptoms are not only relieved, but that the disease may be even cured. In cases of kidney trouble, the author states that he has nearly always succeeded in obtaining good results from the use of nitro-glycerin, and even in some cases its employment has led to the disappearance of renal complications as a secondary effect to its regulating action on the heart. In cases of weakness of the heart it may lead to the disappearance of serous effusions, its direct action being cardiac in origin. The great obstacle to its employment is its great poisonousness, and the difficulty of administration. The author has employed a preparation of nitro-glycerin, of which he gives one drop three times a day. If this dose is too small, it may be gradually increased drop by drop, the maximum dose being six drops daily.—*Sanitarian*, February, 1889.

Secretion of Sweat in Acute Infectious Diseases.

Queirolo (*Deutsche med. Wochenschrift*, 1888, No. 48), has endeavored to determine experimentally how correct the view of the ancients is that excretion of sweat plays an important *rôle* in the recovery from acute infectious diseases. He inoculated rabbits with the sweat of persons suffering with small-pox, malaria, typhoid fever and rheumatism of the joints. He also made control experiments with the sweat of persons free from fever. All the rabbits inoculated with a sufficient quantity of the sweat of sick persons died within from twelve to forty-eight hours. Queirolo never demonstrated the presence of febrile symptoms or swelling of the spleen; in a few cases, nevertheless, there was a scanty serous or bloody serous effusion into the peritoneal cavity. In the patients in question he artificially increased the production of sweat by means of dry heat. He believes that by this means he obtained only a favorable influence upon the issue of the infectious disease, as through profuse diaphoresis and the simultaneous administration of abundant quantities of fluids a washing of the injurious substances from the polluted organism is accomplished. Hence in the treatment of infectious diseases care should be exercised to have free diaphoresis.—*Centralblatt f. d. med. Wissenschaften*, March 2, 1889.

Diagnosis of Lead Poisoning.

Moulin (*Gazzetta medi. Torino*, No. 13, 1888) describes a symptom of early lead poisoning, to which great significance will attach if it should prove to be certain. He asserts that the skin of a person poisoned with lead, when smeared with a solution of sodium sulpho-hydrate ($NaS.9H_2O$) in distilled water, becomes intensely black. Moulin believes that the lead present on the skin, which gives rise to the reaction, is excreted by the skin, because the reaction can be evoked upon parts of the skin which have been constantly covered. The skin can be washed with water, so as to be free from lead, and then the lead reaction will not occur; but in a short time it again appears. This reaction seems to precede the appearance of the blue line on the gums, and is therefore especially important and valuable in diagnosis. It occurred 13 times in 14 persons; the one who did not present the reaction had had nothing to do with lead for a year.

If the reliability of this reaction should be established, it would have an important bearing upon treatment, indicating the propriety of increasing the activity of the skin and exciting the sweat glands.—*Deutsche Medizinal-Zeitung*, May 30, 1889.

Gunpowder as a Means of Criminal Abortion.

Dr. Alexandr I. Voitzekhovsky describes (*Proceedings of the Elisavetgrad Medical Society*, Sept. 20, 1888) two curious cases of criminal abortion caused by the internal use of gunpowder, in the dose of a small-sized wineglassful. In both of the women, who were peasants, the fetus was expelled in a few hours after the ingestion of a single dose. The substance seems to enjoy the reputation of a reliable emmenagogue and ecbolic in Russian popular medicine. As Dr. Voitzekhovsky thinks, it acts identically as savine oil, rue, powerful drastics, and such like ecbolic drugs, which give rise to abortion through their causing primary toxic gastro-enteritis. The most energetic ingredients of gunpowder are said to be nitrate of potassium and sulphur. The author also mentions a case of abortion, at the second month of pregnancy, in a woman who used for the purpose large quantities of the so-called *glühwein* (Russian *glintvein*), that is, a red wine mulled with such spices as cloves, cinnamon, pepper, etc.

Re-union of Cut-off Fingers.

Dr. Nikolai P. Engelhardt, of Smolensk, communicates (*Proceedings of the Smolensk Medical Society, 1888*) another instructive instance of complete re-union of a cut-off finger. A peasant hacked off with an axe the terminal and middle phalanges of his left fore-finger, only a thin palmar cutaneous bridge, measuring not more than one-quarter of an inch in breadth, remaining to connect the severed fingers with the hand, even the tendons being cut across. Without any delay, the parts were readjusted and sewed together. The wound healed kindly. The injury, however, left, besides a lineal scar, immobility of the inter-phalangeal articulation and some induration about it.

Exalgin.

According to the *Pharmaceutical Journal*, the aromatic series has given another analgesic: ortho-methyl-acetanilide, which, from its physiological effects, Dr. Dujardin-Beaumetz has named Exalgin, from ἐξ, out of, and ἄλγος, pain. Exalgin occurs in needles or in large white tablets, according as it is obtained by crystallization or from the mass after distillation. It is slightly soluble in cold water, more soluble in hot water, and very soluble in water containing a little alcohol. The analgesic effect of the chemical is produced by doses varying from three to seven grains. The effect is said to be very marked, and in all forms of neuralgia, including the visceral variety, is thought to be superior to that of antipyrin. Its toxic dose is ascertained to be 0.46 gramme per kilogramme (about 1:2000) of body-weight of the animal, the phenomena being trembling and paralysis of the respiratory organs. Exalgin also possesses antiseptic and antithermic properties; but its anodyne action appears to be the dominant one.—*Dublin Journal of Med. Science*, July, 1889.

Diseases of the Ear in Measles.

L. Blau (*Archiv für Orenheilkunde*, xxvii, No. 139) has observed 65 cases of disease of the ear after measles among 2,650 ear cases—a percentage of 2.5. Of this number, there were 28 cases of acute disease, which were completely cured; while of 33 cases of chronic disease—excluding cases of nervous deafness—a few were not cured at all, and others recovered without serious disturbances of hearing. Blau therefore regards the view as erroneous that the ear complications in measles are always of a slight nature and require no special looking after. — *Centralblatt f. d. med. Wissenschaften*, March 2, 1889.

Another Bogus Medical College.

It is reported from Portsmouth, N. H., that a bogus college of medicine has been found there, similar in management and larger in extent than the Druid College, of Maine, a full *exposé* of which was made some years ago. This latest chartered institution is the Trinity University of Medicine and Surgery, having nominal headquarters at Bennington, Vt. Any person desiring to buy a diploma covering both medicine and surgery may have a choice of the following institutions, all of which exist merely on paper: University of Cincinnati, Montreal Medical College, New York State Medical College, University of New Hampshire, Trinity University of Medicine and Surgery. The price of these bogus diplomas varies from $60 to $300.

NEWS.

—The public schools in Marion, Indiana, have been closed on account of the prevalence of diphtheria.

—On September 26 it was reported that typhoid fever was very prevalent in the northern townships of Berks and Lehigh counties, Pa.

—The resignation of Dr. James P. Kimball, of Pennsylvania, as Director of the Mint, has been accepted by the Secretary of the Treasury, to take effect on October 15.

—The Executive Committee of the Congress of American Physicians and Surgeons met in Philadelphia, September 21, and selected Dr. S. Weir Mitchell to be President of the Congress at its next meeting.

—Pleuro-pneumonia, which has for some weeks raged in the southwestern section of Chester county, Pa., is now abating, and as a result the State authorities, on Sept. 24, ordered out of quarantine the herds of certain farmers.

—Dr. John P. Blaine, a prominent physician of Englewood, near Chicago, and acting superintendent of the hospital connected with the Washington Home, was arrested September 27, on a charge of performing a criminal operation on his niece.

—The Friends' Asylum for the Insane, in Philadelphia, which is one of the best managed institutions in the country, has just had its turn at being accused of an instance of cruelty to an inmate. The matter is being investigated by the State Committee on Lunacy.

—On September 24 it was reported that hog cholera was rapidly spreading in Kent county, Md. About 200 hogs had just been lost. The farmers were seriously to blame for much of this trouble, because they persisted in throwing the dead carcasses into the woods or streams.

—The report comes from Chicago, under date of September 28, that an outbreak of small-pox was feared, because a boy who had recently returned from Havre, where small-pox was prevailing, had developed an eruption which was diagnosticated as variolus. The boy had been vaccinated at Havre in order to protect him against contagion, although he was merely passing through the city on his way to this country.

—A Dr. T. V. Gifford, of Indiana, who recently returned from the International Anti-Vaccination Congress in Paris, has been lecturing against vaccination in Philadelphia. He says those who agree with him object to it because it does not lessen or modify small-pox and because it introduces diseases. He says an effort will be made to organize a society in this city which will have for its objects, first, the doing away of compulsory vaccination, and second, the education of the people to a point where they will do away with it altogether.

—Dr. Otto Ritzman, of Albany, was drowned at Carrying-Place Bay, Lake Champlain, August 19, 1889, in consequence of the capsizing of a boat in which he was fishing with Dr. William H. Murray and a guide. Dr. Ritzman was born in Albany in 1857, and was graduated at the Albany Medical College in 1879.

This is the fourth Albany physician who has been drowned within a few years. Dr. J. V. Lansing, drowned May 9, 1880; Dr. H. I. Fellows, August 29, 1881; Dr. John S. Delavan, August 7, 1885; Dr. Otto Ritzman, August 19, 1889.

—An epidemic of typhoid fever recently broke out in the New York Central car shops at West Albany, N. Y.; and by September 24 there has been eight deaths, and about 300 men were prostrated by the disease or were kept at home by the sickness of some members of their families. The outbreak was caused, according to one account, by drinking water from wells poisoned by the drainage from outhouses; according to another the danger lies in the fact that a portion of the infected district drains into an old reservoir which is still used by the lower portion of the city, and the foul condition of which was the cause of the efforts two years ago to obtain a new supply of water for the city. In one large shop employing several hundred men, who have used the city service water, not a case of sickness has occurred.

HUMOR.

A FOREGONE CONCLUSION.—Young Doctor—"Well, I've got a case at last."

Young Lawyer—"Glad to hear it. When you get him to the point where he wants a will drawn, telephone over."—*Life.*

POSSIBLY TRUE.—Oculist (examining patient's eye)—"Yes, there is a foreign substance on the retina."

Patient—"That may be true, sorr, for I came from Oireland only last wake, sorr."

"I'LL JUST TELL YOU WHAT IT IS," remarked a fat, jolly old soul to her companion as the street car rumbled along, "the doctors kin say what they please, but I know it's just flyin' in the face o' natur' to bring a baby up on the bottle. You know Sally Ann Jimson, what lived next door to us?" "Yes," assented the other. "Well, she tried to bring her baby up on milkman's milk, and it died of water on the brain."—*Philadelphia Record.*

OBITUARY.

JOSEPH BEALE, M. D.

Dr. Joseph Beale, U. S. N., died at his residence, in Philadelphia, September 23, 1889.

Joseph Beale was born in Philadelphia December 30, 1814, of English-Irish extraction. He was educated here and finished his classical and medical studies when he was graduated from the University of Pennsylvania in 1836. He practiced for one year here, and in September, 1837, was appointed Assistant Surgeon of the United States Navy. On March 14, 1843, he was promoted to Passed Assistant Surgeon and Surgeon, on April 19, 1848, to Medical Director, and in July, 1876, to Surgeon-General. On the 30th of December, 1876, he was retired, with the rank of Medical Director, and at that time was Chief of the Bureau of Medicine and Surgery in Washington, D. C., holding the relative rank of Commodore.

He served during the war of the rebellion in the blockades of Charleston, Mobile, and Savannah, and participated in the movements against and captures of Forts Hatteras and Clark, N. C., and the forts at Port Royal, S. C.

Dr. Beale leaves a wife and five adult children, one of whom is an Ensign in the United States Navy.